



Town of Abington

OFFICE OF
BOARD OF HEALTH
500 GLINIEWICZ WAY
ABINGTON, MA 02351
TEL: (781) 982-2119 • FAX: (781) 982-2127
www.abingtonma.gov

APPLICATION FOR DONATION BIN PERMIT

Fee Due: \$25.00 per bin

Checks due upon receipt of application. Checks payable to:

**Town of Abington
500 Gliniewicz Way
Abington, MA 02351
Questions: (781)982-2119**

Application is hereby made for a permit to maintain a donation bin(s) on property located at:

in accordance with the rules and regulations of the Board of Health.

Applicant _____ Email Address: _____
Name of Contact: _____ Property Owner: _____
Address: _____ Owner's Address: _____
Owner's Phone#: _____

Donation Bin Company: _____
Telephone#: _____ Telephone#: _____
Drop-Off Date: _____ Pick-Up Date: _____

Emergency Response Person
Name: _____ Telephone#: _____

On the back of this form, please sketch an outline of property showing the proposed location of the bin(s). Give distance from bin to other buildings and lot lines or boundaries.

*Please note that all contact information and the associated fee is required upon application submittal.

I certify that I have received, read and understand the Town of Abington Board of Health
Donation Bin Regulations.

Signature of Applicant:_____ | Date:_____